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June 9, 2022

**MEMO FOR AMBASSADOR WILLIAM POPP, U.S. AMBASSADOR TO
GUATEMALA AND AMBASSADOR NICK PERRY, U.S. AMBASSADOR TO
JAMAICA**

FROM: S/GAC – Jacqueline O’Friel, S/GAC Chair
S/GAC – Erin Riley and Paola Chanes-Mora, PEPFAR Program Managers

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Western Hemisphere Regional Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Western Hemisphere Regional Operational Plan (the directives from the COP/ROP 2022 planning, development and submission). PEPFAR Western Hemisphere, including the Caribbean, Central America and Brazil, and South America portfolios, together with the partner government, civil society and multilateral partners, has planned and submitted a ROP 2022 in alignment with the ROP 2022 planning letter, data-driven decisions, made during the in-country retreats, and agreements made during the virtual planning/approval meetings.

This memo serves as the approval for the PEPFAR Western Hemisphere Regional Operational Plan ROP 2022 with a total approved budget of \$81,656,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Overall COP 2022 Budget Table

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	70,114,607	11,541,393	81,656,000
Bilateral	70,114,607	11,541,393	81,656,000

The total FY 2023 outlay for ROP 2022 implementation shall not exceed the total approved ROP 2022 budget of \$81,656,000 without additional written approval. Any prior year funds that are not included within this ROP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total ROP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to

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mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to the country platform to implement ROP 2022 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 21-30 and May 6, 2022, virtual planning meetings and participants in the virtual approval meeting; the final ROP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

ARPA/ESF Funds

All ARPA ESF funds from ROP 21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in ROP 22/FY 2023 on top of the approved ROP 22 envelope.

Program Summary

Caribbean:

Funding and targets for PEPFAR Western Hemisphere Caribbean Regional Operational Plan (ROP) 22 will support the region's PEPFAR vision of sustained HIV epidemic control in Jamaica and Trinidad and Tobago, in partnership with the governments, civil society, and other key stakeholders. PEPFAR's financial and technical assistance will ensure robust national HIV/AIDS interventions based on international best practices and policies while reinforcing sustainability and country ownership. In ROP 22, PEPFAR Caribbean will work toward achieving epidemic control of supporting 26,208 persons living with HIV (PLHIV) on life-saving treatment by the end of FY2023. The program for ROP 22 will enroll an additional 4,901 PLHIV on treatment and ensure viral load suppression in 24,020 PLHIV in FY 2023.

The priority in the sub-region is Jamaica, where an estimated 32,000 people are living with HIV. According to the most recent 2021 UNAIDS data, an estimated 86 percent PLHIV in Jamaica know their status, 40 percent are on life-saving antiretroviral treatment (ART), and 33 percent have achieved viral suppression. The current annual progress in each of the three pillars will not facilitate epidemic control over the next decade. In Jamaica, the National Strategic Plan on HIV target data is being aligned for the achievement of the 90-90-90 targets prior by 2025.

We expect the PEPFAR field team, in coordination with multilateral and other stakeholders, to strengthen their commitment to execute global recommendations and adopt policies that will result in stronger patient outcomes sooner than projected. For the country to reach the 95-95-95 targets, all stakeholders must intensify efforts. Discussions with the Ministry of Health and Wellness (MOHW) need to continue and focus on how to close the gap and support an accelerated plan for reaching sustainable epidemic control based on available programmatic data.

Trinidad and Tobago have made significant progress toward the 95-95-95 goals. Of the estimated 10,432 PLHIV, UNAIDS reports 70 percent are on ART, and an estimated 65 percent have achieved viral suppression. There are no UNAIDS estimates for PLHIV who know their status. However, the Trinidad and Tobago Ministry of Health reports 70 percent of PLHIV know their status. PEPFAR will continue to support the Trinidad and Tobago Ministry of Health's national efforts to achieve the UNAIDS targets through targeted interventions.

In both countries, the following needs to be addressed:

- There is a need to address the HIV clinical cascade and programmatic gaps to be addressed to reach epidemic control. There is a need to review granular program and financial data to understand what is working at each site and each continuity in order to allocate resources effectively as we proactively adapt programs for maximum impact in ROP 22. Active program and partner management is to be continued, with a focus on continuous quality improvement and person-centered design. Fostering partnerships and collaboration will be key to ensuring the sub-region is well-positioned to protect and sustain collective gains as the COVID-19 pandemic enters its third year.
- Regionally, Jamaica and Trinidad and Tobago need to continue to focus on their 90-90-90 targets, with a focus on all pillars. Jamaica will continue to work toward the 90-90-90 targets in their National Strategic Plan on HIV with particular focus to the second pillar and third pillars. In addition, Jamaica is also striving to meet the UNAIDS 95-95-95 targets by 2030. The team has been working with others in-country to intensify efforts and strengthen the commitment to execute global recommendations and adopt policies that will result in stronger patient outcomes sooner than projected.
- The Caribbean needs to continue to focus on case finding and placing new patients on treatment. The current case finding strategy should be re-evaluated, focusing on index testing and possibly a scale-up of HIV self-testing (HIVST). Index testing needs to be expanded, and cascade drop-off at finding partners of clients' needs to be addressed. Treatment initiation and continuity need to be based on person-centered clinical service models. Barriers need to be addressed to ensure immediate linkage and improve continuity of treatment.
- Jamaica will focus on improving viral load coverage (VLC), particularly among younger males and females, as well as males overall. While the progress Trinidad and Tobago has made in viral load suppression (VLS) is commendable, the under 30 age group needs to be addressed.
- The prevalence rate of HIV in Jamaica is 1.8% overall and approximately 0.81% among 15-24-year-olds. Among adolescent men who have sex with men (MSM), HIV prevalence is 14%. Targeted programs that unique the unique challenges, such as barriers to accessing HIV prevention and treatment services, stigma and discrimination, unemployment, and food insecurity of this population will continue. The expansion of best practice treatment services the MSM and transgender community across all PEPFAR-supported sites will continue into ROP 22.

Notable progress includes:

- Jamaica met its targets in FY21 and showed promising gains in VLC and VLS, along with lab strengthening which could continue into ROP 23. Trinidad and Tobago

continued to excel in VLC and VLS and will continue to provide results as they bolster index testing as a primary case-finding strategy across the sub-region.

- Fifty percent of all PEPFAR supported sites in Jamaica achieved 90% of VLS and are moving toward the 95% target. This is a significant improvement from FY 20 Q4 when none of the PEPFAR-supported sites in Jamaica had reached 90% of VLS. The implementing partner Jamaica AIDS Support for Life (JASL) has surpassed all its key population (KP) targets for ROP21, reaching 150% KP prevention services, 174% of KP testing targets, and 123% of testing new positives. Furthermore, there were 480 patients who identified, and were registered, as men who have sex with men (MSM) in JASL sites. Of the 480 MSM, 374 (89%) remained on treatment and 306 (82%) were virally suppressed. JASL is known as a KP-friendly, and stigma-free, space and has been working with the LGBTQIA+ community in Jamaica for over 30 years, which attributes to their success. Another successful partner has been the Centre for HIV/AIDS Research and Education Services (CHARES) which was the first facility in Jamaica to achieve 90% VLS and is closely moving to 95% VLS of its patients in care. This facility focuses on a comprehensive person-centered clinical service model that works to meet the clients where they are to support their continuity of treatment and viral load suppression. One hundred percent of individuals who identified as transgender (n=6) in CHARES are on treatment and virally suppressed.
- The PEPFAR funding for Guyana was expected to be two-year limited with implementation to end no later than September 30, 2022. Due to unforeseen circumstances, implementation was delayed, and partners were unable to start in FY2021 as originally expected and all partners had less than 18 months of implementation. PEPFAR has authorized a six month no-cost extension of programming in Guyana. Implementing partners are allowed to extend closeout activities into FY 2023.

Central America and Brazil:

Funding and targets for PEPFAR Western Hemisphere Central America and Brazil Regional Operational Plan (ROP) 22 will support the region's PEPFAR vision of sustained HIV epidemic control in partnership with the governments, civil society, and other key stakeholders. In ROP 22, the Western Hemisphere Central America and Brazil region includes Brazil, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. ROP 22 activities will contribute to epidemic control across all ages and sexes, working toward the ultimate goal of supporting 115,800 PLHIV on life-saving treatment by the end of FY 2023. The program for ROP 22 will focus on enrolling an additional 17,465 PLHIV on treatment and ensure viral load suppression in 104,167 PLHIV in FY 2023.

The PEPFAR Western Hemisphere Central America/Brazil will build on person-centered strategies to prioritize the site level interventions that have a direct impact on the clinical cascade for all countries in the region. This strategy for programming and funding to be implemented during FY 2023 will continue to support an aggressive scale-up of site level support to address the gaps in each country around high yield case finding, immediate linkage to treatment, and achievement of viral load suppression with a targeted approach to strengthen systems essential to epidemic control.

Throughout Central America and Brazil, the following areas will continue to be addressed into ROP22:

- A continued focus on the HIV clinical cascade and a need to review granular program and financial data to understand what is working at each site and to have active program and partner management to continue, with a focus on continuous quality improvement and people-centered design. Fostering partnerships and collaboration will be key to ensuring the sub-region is well-positioned to protect and sustain collective gains as COVID-19 pandemic enters its third year.
- The Northern Triangle area (El Salvador, Honduras, and Guatemala) shows gaps across the cascade, so, the program will accelerate scale-up and rapidly adopt innovations and policies to improve case finding and identify new positives (e.g., provider-initiated testing and counseling (PITC) and PrEP).
- In FY21, Central America reached 78% in overall testing, 17% achievement in finding new positives, and 28% in achievement in index testing. To close the first 95 gaps in Central America in ROP 22, there is a need to implement a strategic mix of case-finding approaches including optimizing safe and ethical index testing at the community and facility levels, targeted PITC, expanding social networking strategies for KPs, continued scale-up self-testing, and exploring a mix of testing modalities to reach other priority populations.

Notable changes from ROP21 and will continue into ROP22 include:

- Increases in active case finding through a diversified strategy in the portfolio focused on high-yield testing modalities in high-burden areas, specifically in the Northern Triangle and Panama.
- Treatment interruption after three months and the number of ART patients with no clinical contact were key challenges in the region. The number of treatment interruptions after three months will continue to be addressed to overcome challenges such as work and schedule conflict, economic conditions and COVID-19. Teams will decrease treatment interruption (especially after three or more months) to find the root causes and tailor interventions to keep patients on treatment. In order to address treatment interruption, Central America will continue to provide person-centered antiretroviral treatment services to all PLHIV at current sites and expanded direct service delivery (DSD) implementation strategy at the 81 sites throughout Central America and Brazil (e.g., multi-month dispensing (MMD), home delivery, online Pre-Exposure Prophylaxis (PrEP) services in Brazil).
- The team will continue to address issues related to continuity of treatment regardless of net gain. Panama showed vast improvement in viral load coverage and VLS in the past year. In ROP 19, Panama reported the lowest VLS percentage in the region at 34% with a growing epidemic and the largest prevalence rate in the region between ages 18-49. Panama reached 65% in VLS and 69% in VLC in FY21 Q4.
- There was a 150% increase in new HIV positives identified in Central America and will continue into ROP 22. Treatment coverage was high across the region ranging from 71-89% to El Salvador, Guatemala, Honduras, Nicaragua, and Panama.
- VLC and VLS varied by site across countries in FY21, demonstrating the importance of strengthening viral load networks and supply chain efforts in the region. Overall, there was an impressive improvement in VLC and VLS. VLC rose from 86% in FY20 Q4 to

95% at the end of FY21. VLS increased from 82% to 91%. In Panama, VLC was 31% in FY20 Q3 and VLS was 78%. These rates increased to 80% and 88% FY21 Q4 respectively. Best practices in Panama that contributed to the vast increase in VLC and VLS were increased local lab hours for processing viral load, hiring additional medical technicians for extended hours, after-hours sample collection, and enhanced adherence counseling. Ministries of health, key populations (KP) community-based organizations (CBOs) and civil society collaborated to increase VLC and VLS among MSM and transgender women by identifying challenges of treatment at sites with a high volume of KP clients. The increased levels in VLC and VLS will continue into ROP 22.

Strategies for ROP22 for both sub-regions include:

1. Person-Centered Prevention to continue scale up PrEP in ROP 22. All countries will apply lessons learned from project start-up to other countries that are rolling out PrEP. They will continue to implement scale-up programs and create sustainable demand and effectively advocate for government policy. Additionally, the creation of person-centered prevention is essential by expanding community-based distribution as an option for clients, demand creation through social media, MMD of PrEP, text message reminders to clients and event-driven PrEP.
2. Sustain and improve patient service along the treatment cascade including in the first 95 via case finding to increase active case finding through a diversified strategy portfolio focused on yield testing modalities in high-burden areas. In the second 95, the focus is to continue the initiation and continuity of patients on treatment by continuing to provide person-centered ART services to all patients at current sites. For the third 95, there is a need to provide adherence and viral load comprehensive package of all services to all patients at current sites. Importantly, a focus on addressing the high levels of stigma and disclination and barriers put in place by providers by ensuring barriers around starting treatment or accessing testing are lowered and to focus on person-centered clinical service models to ensure immediate linkage and improve continuity of treatment.
3. Differentiated Service Delivery: A focus on person-centered care by improving differentiated service delivery models for testing, treatment, viral load sample collection and PrEP. Key strategies include the expansion of 3-6 MMD, providing tailored adherence and VL packages by population, including peer/case managers, text messages, treatment literacy, ensuring full access to Tenofovir/Lamivudine/Dolutegravir (TLD), and the expansion of community-level ARV/PrEP delivery, testing services, and viral load sample collections strategies.
4. Focus on return to treatment campaigns in the Caribbean and Central America.
5. Improve linkage to treatment across the region by implementing best practices across sites.
6. Utilize cross-cutting approaches to align with the U.S. Strategy to Address the Root Causes of Migration in Central America by using a human-right approach to address structural barriers that KP and other groups, including indigenous and migrant communities to expand access to treatment services for all.
7. Above-site program for regional impact: including accountability for all above-site activities and minimum program requirements (MPRs), strengthening national laboratory capacity and systems, strengthening HIV-based case surveillance systems, data quality,

capacity in epidemiology and data analysis, and investing in local partnerships for sustainability and integration of services into the national response across the region.

Venezuela Regional Crisis Funds:

PEPFAR is aligned with the Department of State's regional approach and will continue to collaborate and coordinate to achieve an effective, accountable response to meet the priority needs of vulnerable populations affected by the refugee crisis due to events in Venezuela. Our collective objective is to support life-saving health and humanitarian assistance to displaced Venezuelans living with HIV in the region, specifically in Colombia and Peru.

In ROP 2022, PEPFAR will build upon past achievements and strengthen community-based organizations to strengthen capacity, provide HIV testing services, and monitor adherence to treatment and viral suppression. Services that meet the unique needs of this population to remain on HIV treatment and virally suppressed, such as mental health support, monitoring of co-infections, and securing commodities, should continue to be explored. PEPFAR will engage with national health authorities and utilize existing response platforms to expand the availability of testing and treatment services for Venezuelan PLHIV refugees. Results from current and ongoing PEPFAR supported surveys with estimates of Venezuelan PLHIV migrants should be used to drive programming. PEPFAR will also strengthen surveillance activities by conducting rapid assessments and establishing a surveillance system for new infections. Lastly, alignment of data reporting in PEPFAR programs must be prioritized to better understand the demographic and needs of Venezuelan PLHIV migrants in the region.

Additionally, \$750,000 of new one-time conditional funding will be awarded to USAID Local Health System Sustainability (LHSS) Peru to support the regional efforts, promote essential policy work and programming toward sustainable advances and improve outcomes for PLHIV migrants. Activities will need to be reviewed by the CAST and approved by the Chair for the Western Hemisphere. If the amount of \$750,000 is not fully necessary and programmed for LHSS Peru, the additional funding will be used as applied pipeline for a future ROP. This funding will not be used to expand activities, and similar to other funds programmed for the South America portfolio, approved amounts are intended to be implemented in ROP22. Approval in ROP22 does not constitute a commitment to funding in ROP23 or future funding cycles.

Funding Summary

All ROP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

COP 2022 Budget Table by Agency - Bilateral

of which, Bilateral									
Total		New Funding							Applied Pipeline
		FY 2022				FY 2021		FY 2020	
		Total	Total	GHP-State	GHP-USAID	GAP	GHP-State		
TOTAL	81,656,000	70,114,607	70,114,607	66,899,357	-	3,216,250	-	-	11,541,393
DOD Total	550,000	337,622	337,622	337,622	-	-	-	-	212,378
DOD	550,000	337,622	337,622	337,622	-	-	-	-	212,378
HHS Total	40,759,980	31,639,637	31,639,637	28,628,337	-	3,216,250	-	-	8,920,343
HHS/CDC	37,915,371	29,397,028	29,397,028	26,180,778	-	3,216,250	-	-	8,518,343
HHS/HRSA	2,844,609	2,442,609	2,442,609	2,442,609	-	-	-	-	402,000
STATE Total	1,635,608	1,438,297	1,438,297	1,438,297	-	-	-	-	190,311
State	469,761	469,761	469,761	469,761	-	-	-	-	-
State/SGAC	400,000	400,000	400,000	400,000	-	-	-	-	-
State/WHA	763,847	573,536	573,536	573,536	-	-	-	-	190,311
USAID Total	38,712,412	36,494,051	36,494,051	36,494,051	-	-	-	-	2,718,361
USAID	38,712,412	36,494,051	36,494,051	36,494,051	-	-	-	-	2,718,361

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the ROP 2022 total budget level and documented within ROP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: The PEPFAR Western Hemisphere Regional Program has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during ROP may exceed the original controls assigned to the Western Hemisphere. Upon approval of this memo, the amounts below will become the new earmark controls for the Western Hemisphere by Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmark Budget Table

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	37,548,302	37,548,302	-	-
Orphans and Vulnerable Children	-	-	-	-
Preventing and Responding to Gender-based Violence	-	-	-	-
Water	-	-	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

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**** Only GHP-State will count towards the GBV and Water earmarks**

Earmark Budget Table - AB/Y

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Prevention Programming	3,369,997	3,369,997	-	-	-
Of which, AB/Y	24,292	24,292	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	0.7%	0.7%	N/A	N/A	N/A

**Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

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Initiatives by Agency

COP 2022 Budget Table by Agency and Initiative

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	70,114,607	11,541,393	-	-	81,656,000
<i>of which, Community-Led Monitoring</i>	320,038	35,000	-	-	355,038
<i>of which, Core Program</i>	61,296,132	11,254,830	-	-	72,550,962
<i>of which, One-time Conditional Funding</i>	8,498,437	251,563	-	-	8,750,000
DOD Total	337,622	212,378	-	-	550,000
<i>of which, Core Program</i>	337,622	212,378	-	-	550,000
<i>of which, One-time Conditional Funding</i>	-	-	-	-	-
HHS Total	31,839,637	8,920,343	-	-	40,759,980
<i>of which, Community-Led Monitoring</i>	-	-	-	-	-
<i>of which, Core Program</i>	28,191,200	8,668,780	-	-	36,859,980
<i>of which, One-time Conditional Funding</i>	3,648,437	251,563	-	-	3,900,000
STATE Total	1,443,297	190,311	-	-	1,633,608
<i>of which, Community-Led Monitoring</i>	15,000	35,000	-	-	50,000
<i>of which, Core Program</i>	1,428,297	155,311	-	-	1,583,608
USAID Total	36,494,051	2,218,361	-	-	38,712,412
<i>of which, Community-Led Monitoring</i>	305,038	-	-	-	305,038
<i>of which, Core Program</i>	31,339,013	2,218,361	-	-	33,557,374
<i>of which, One-time Conditional Funding</i>	4,850,000	-	-	-	4,850,000

FY 2023 Target Summary

ROP 2022 funds are approved to achieve the following results in FY 2023.

Caribbean

Caribbean Region		SNU Prioritizations		
		Scale-up: Saturation	Scale-up: Aggressive	Total
	<15	-	-	-
TX_NEW	15+	714	4,187	4,901
	Total	714	4,187	4,901
	<15	16	61	77
TX_CURR	15+	8,141	17,990	26,131
	Total	8,157	18,051	26,208
	<15	-	-	-
TX_PVLS	15+	7,780	16,240	24,020
	Total	7,780	16,240	24,020
	<15	-	-	-
HTS_SELF	15+	5,000	12,000	17,000
	Total	5,000	12,000	17,000
	<15	-	-	-
HTS_TST	15+	780	4,562	5,342
	Total	780	4,562	5,342
	<15	-	-	-
HTS_TST_PO S	15+	78	457	535
	Total	78	457	535
HTS_RECENT	Total	78	457	535
	<15	-	-	-
HTS_INDEX	15+	780	1,735	2,515
	Total	780	1,735	2,515
KP_PREV	Total	-	2,100	2,100
PrEP_NEW	Total	-	325	325
PrEP_CT	Total	-	66	66

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Central America and Brazil

Central America and Brazil		SNU Prioritizations	
		Scale-up: Aggressive	Total
	<15	363	363
TX_NEW	15+	17,102	17,102
	Total	17,465	17,465
	<15	597	597
TX_CURR	15+	115,203	115,203
	Total	115,800	115,800
	<15	364	364
TX_PVLS	15+	103,803	103,803
	Total	104,167	104,167
	<15	-	-
HTS_SELF	15+	10,148	10,148
	Total	10,148	10,148
	<15	6,458	6,458
HTS_TST	15+	258,754	258,754
	Total	265,212	265,212
	<15	372	372
HTS_TST_POS	15+	16,494	16,494
	Total	16,866	16,866
HTS_RECENT	Total	11,352	11,352
	<15	290	290
HTS_INDEX	15+	21,627	21,627
	Total	21,917	21,917
	<15	-	-
TB_PREV	15+	1,141	1,141
	Total	1,141	1,141
TX_TB	<15	-	-

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	15+	5,366	5,366
	Total	5,366	5,366
KP_PREV	Total	48,151	48,151
PrEP_NEW	Total	9,190	9,190
PrEP_CT	Total	5,525	5,525

South America**Colombia**

Colombia		SNU Prioritizations	
		Scale-up: Aggressive	Total
	<15	26	26
TX_NEW	15+	1,737	1,737
	Total	1,763	1,763
	<15	129	129
TX_CURR	15+	3,395	3,395
	Total	3,524	3,524
	<15	57	57
TX_PVLS	15+	2,970	2,970
	Total	3,027	3,027
	<15	285	285
HTS_TST	15+	22,331	22,331
	Total	22,616	22,616
	<15	23	23
HTS_TST_POS	15+	1,459	1,459
	Total	1,482	1,482
	<15	52	52
HTS_INDEX	15+	2,210	2,210
	Total	2,262	2,262
	<15	36	36
PMTCT_STAT	15+	3,548	3,548
	Total	3,584	3,584

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	<15	1	1
PMTCT_STAT_POS	15+	88	88
	Total	89	89
	<15	1	1
PMTCT_ART	15+	88	88
	Total	89	89
PMTCT_EID	Total	85	85
	<15	12	12
TB_PREV	15+	701	701
	Total	713	713
	<15	60	60
TX_TB	15+	2,129	2,129
	Total	2,189	2,189
	<15	128	128
PP_PREV	15+	22,848	22,848
	Total	22,976	22,976

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Peru

SNU Prioritizations			
Peru		Scale-up: Aggressive	Total
	<15	-	-
TX_NEW	15+	240	240
	Total	240	240
	<15	10	10
TX_CURR	15+	636	636
	Total	646	646
	<15	-	-
TX_PVLS	15+	581	581

UNCLASSIFIED

	Total	581	581
	<15	-	-
HTS_TST	15+	6,922	6,922
	Total	6,922	6,922
	<15	-	-
HTS_TST_POS	15+	363	363
	Total	363	363
	<15	-	-
HTS_INDEX	15+	200	200
	Total	200	200
	<15	30	30
PP_PREV	15+	5,692	5,692
	Total	5,722	5,722

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Venezuela

Venezuela		SNU Prioritizations	
		No Prioritization	Total
	<15	800	800
HTS_TST	15+	39,200	39,200
	Total	40,000	40,000
	<15	14	14
HTS_TST_POS	15+	786	786
	Total	800	800

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during ROP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (e.g., review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention, it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout ROP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of the Western Hemisphere's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area													
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	CET	CET as % of Total	HTS	HTS as % of Total	HR&O	HR&O as % of Total	PM	PM as % of Total	Not Specified as % of Total
HHS	8,315,915	100%	5,118,971	61%	9,180,031	110%	12,817,811	155%	-	-	2,117,777	26%	Not Specified
DOJ	1,071,000	13%	148,500	15%	394,074	39%	1,701,183	39%	-	-	249,243	3%	Not Specified
HHS	42,423,757	51%	6,847,228	16%	15,854,273	38%	6,441,651	15%	-	-	10,092,442	25%	Not Specified
STATE	1,118,188	1%	840,441	7%	49,089	4%	-	0%	-	-	429,750	5%	Not Specified
USAO	33,338,934	40%	6,391,554	16%	15,481,544	39%	5,378,546	14%	-	-	9,130,649	23%	Not Specified
COP 22 Budget by Funding Agency and Program Area													
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	CET	CET as % of Total	HTS	HTS as % of Total	HR&O	HR&O as % of Total	PM	PM as % of Total	Not Specified as % of Total
DOJ	550,000	1%	85,000	15%	170,500	31%	78,000	14%	-	-	216,500	39%	Not Specified
HHS	40,759,898	50%	8,161,535	20%	15,155,004	37%	6,371,292	16%	-	-	8,702,397	21%	Not Specified
STATE	1,813,608	2%	-	0%	448,898	24%	-	0%	-	-	1,183,610	72%	Not Specified
USAO	38,712,412	47%	6,206,917	17%	13,660,831	35%	6,736,287	17%	-	-	7,832,274	20%	Not Specified
COP 21-22 Budget Shifts by Funding Agency and Program Area													
Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in CET	% Change in CET	Change in HTS	% Change in HTS	Change in HR&O	% Change in HR&O	Change in PM	% Change in PM	Change in Not Specified	% Change in Not Specified
DOJ	(2,539,000)	837,479	6%	(12,352,48)	1%	(3,143)	7%	0	0%	(27,481)	13%	(1,020)	0%
HHS	(16,077,771)	1214,207	0	(778,657)	0%	(4,698,669)	0%	0	0%	(1,899,51)	0%	(3,801)	0%
STATE	508,439	(648,441)	(12)	400,000	8	0	0	0	0%	75,880	2	0	0%
USAO	(6,651,121)	315,263	0	(181,513)	0%	13,997,93	0	0	0%	(1,064,75)	0%	800,74	0%